| PATENT APPLICATION FEE DETERMINATION RECORD   |   |                                      |                                       |              |                  |            |                   | Application or Docket Number |               |  |                        |  |
|---|---|--------------------------------------|---------------------------------------|--------------|------------------|------------|-------------------|------------------------------|---------------|--|------------------------|--|
| Effective October 1, 2003   |   |                                      |                                       |              |                  |            |                   | Inlene Ti-                   |               |  |                        |  |
|   |   | 10 808,562                           |                                       |              |                  |            |                   |                              |               |  |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |   |                                      |                                       |              |                  |            | SMALL ENTITY TYPE |                              |               | OTHER THAN<br>OR SMALL ENTITY                    |                        |  |
| TOTAL CLAIMS 20   |   |                                      |                                       |              |                  | -          | RATE              | FEE                          | ٦.            | RATE   | FEE                    |  |
| FOR .   |   | NUMBER FILED                         |                                       | NUMBER EXTRA |                  |            | BASIC FE          | E 385.00                     | OR            | BASIC FE   | F 770.00               |  |
| TOTAL CHARGEABLE CLAIMS   |   | 20 minus 20=                         |                                       | • ~          |                  |            | XS 9=             |                              | OR            | X\$18=   |                        |  |
| INDEPENDENT CLAIMS  |   | ス minus 3 =                          |                                       | •            |                  |            | X43= °            |                              | OR            | X86=   |                        |  |
| MULTIPLE DEPEND   | RESENT                                    |                                      |                                       | . 🗆          |                  | +145=      |                   | -                            | +290=         | <del>                                     </del> |                        |  |
| • If the difference in  | n column 1 is                             | ess than zero, enter "0" in column 2 |                                       |              | L                | TOTAL      | ╁┷┷               | OR                           | TOTAL         | 12400  |                        |  |
| CLAIMS AS AMENDED - PART II   |   |                                      |                                       |              |                  |            |                   | <u> </u>                     | 104           | OTHER  | 770.00                 |  |
| 21717   | (Column 1)                                | (Column 2) (Column 3)                |                                       |              |                  |            | SMALL             | ENTITY                       | OR            | SMALL  |                        |  |
| Total . Independent .   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGHE<br>NUMB<br>PREVIO<br>PAID F     | ER<br>USLY   | PRESENT<br>EXTRA |            | RATE              | ADDI-<br>TIONAL<br>FEE       |               | RATE   | ADDI-<br>TIONAL<br>FEE |  |
| Total .   | 20  | Minus                                | - 2c                                  | )            |                  |            | X\$ 9=            |                              | OR            | X\$18=   |                        |  |
| Independent :   | CATION OF M                               | Minus                                |                                       |              | -                |            | X43≖              |                              | OR            | X86=   |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                      |                                       |              |                  |            | +145=             |                              | OR            | +290=  |                        |  |
| 1,19,20   |   |                                      |                                       |              |                  |            | TOTAL             |                              |               | TOYAL  |                        |  |
|   | (Column 1)                                | •                                    | (Colum                                | n Ż)         | (Column 3)       | AL         | DIT. FEE          |                              | J • A         | ODIT. FEE  | J                      |  |
| <b>₽</b> h Λ~ `   | CLAIMS<br>REMAINING<br>AFTER<br>MENDMENT  |                                      | HIGHE<br>NUMBI<br>PREVIOL<br>PAID FI  | ER<br>JSLY   | PRESENT<br>EXTRA |            | RATE .            | ADDI-<br>TIONAL<br>FEE       |               | RATE   | ADDI-<br>TIONAL<br>FEE |  |
| Total   | 20·                                       | Minus                                | <u></u> 20                            | •            | <u>.</u>         |            | X\$ 9≈ .          | :                            | OR            | X\$18=   | X                      |  |
| Independent •   |   | Minus                                | ··· 2                                 | 2            | •                |            | X43=              | ·                            | OR            | X86= /   |                        |  |
| FIRST PRESERT JION OF MULTIPLE DEPENDENT CLAIM  |   |                                      |                                       |              |                  |            | 145=              |                              | OR            | +290/  |                        |  |
|   | •   |                                      |                                       |              | • •              | . <b>L</b> | TOTAL<br>DIT. FEE | -                            | OR A          | TOTAL  |                        |  |
|   |   |                                      | · .                                   |              | :                |            |                   |                              |               |  |                        |  |
| Total Independent .   | LAMS<br>LAANING<br>AFTER<br>MENDMENT      |                                      | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO | R<br>SLY     | PRESENT<br>EXTRA | \[         | RATE              | ADDI-<br>TIONAL<br>FEE       |               | RATE   | ADDI-<br>TIONAL<br>FEE |  |
| Total .   |   | linus                                | **                                    |              |                  | 5          | \$ 9=             |                              | OR            | X\$18=   |                        |  |
| Independent .   | <u> </u>                                  | linus .                              | 944                                   | 1.           | •                | <b>5</b>   | (43=              |                              | `` <b> </b> - | X86=   |                        |  |
| FIRST PRESENT   | $\vdash$                                  |                                      | <del></del> -                         | OR           |                  |            |                   |                              |               |  |                        |  |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Numb. "Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE OR H290=  OR H290=  OR H290=  TOTAL ADDIT. FEE  TOTAL ADDIT. FEE  The "Highest Numb. Viously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                                      |                                       |              |                  |            |                   |                              |               |  |                        |  |
| RM PTO-878 (Bey 10  |   | <u> </u>                             |                                       |              |                  |            |                   | -,,,                         |               | ••   |                        |  |